FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR					REG. NO	O		
	CEASED NAME FIRST GRACE	-	C.		DLEY	24. 0	10-13	1	26 HOUR
3. SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	6:00 AM IF UNDER 24 HKS
	female	whit	e	Jun	e 13,1907	79	YRS.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	A.	MARRIEI WIDOWE	D NEVER MARRIED	Dorche	_	FDEATH	MD.
	Cambridge	(IF NOT IN SUC	H FACILITY GIVE STREET AD	ODRESS)	Village	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O SECRETA	F WORKING LIFE)	INDUSTRY	f Business or te of N
	AL RESIDENCE (IF NURSING HOME STATE 136 COI		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Cambride		13d INSIDECITY LIMITS? YES 18 NO 1	13e STREET ADDRESS /	zip code	ry Vi	21613 11 ago
14 F	Clarence	MIDDLE	Culver		15. MOTHER'S MAIDEN NA. Ethel			LAS1	olson
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? GIVE WAR OR DATES)	214 -10 -		17. INFORMANT Kae Bell	Camb 220 Meteo	ridge r Ave	Md. #107	21613
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	CED BY	line for to), (b), and		LURE		- 3	BETWEEN	MATE INTERVAL DINSET AND DEATH
	Canditions, if any, which		RAS A CONSEQUEN	SCL	EROSIS				
	gave rise to immediate couse 101, stating the underlying couse lost.		R AS A CONSEQUEN H4 PEETE	ICE OF				YEY	ar s
NOI	PART 2 OTHER SIGNIFICANT	_	HEART		NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN	N IN PART 1:0	3
RTIFICATI	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	CAIN	M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJUS	PY IN ITEM 18 PAR	T OR PART 2)	
S	314 INTILIPY OCCUPRED		OF INTUIDY		211 LOCATION				

MEI

NOT WHILE

1986

ATTENDING 22e ADDRESS

19 5 2

MEDICAL

221 DATE SIGNED STAFF PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) burial 10/1

Moskewicz

220.1 certify that (1)(this haspital) attended the deceased fram.

503 W.D 23c NAME OF CEMETERY OR CREMATORY Dor. Mem. Park

23d LOCATION

_, and that in (a) (our) opinion death occurred on the date and hour and from the causes stated

CAMBRIDGE NO. 21613

MPORTANT: H

24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD.

10/15/86

AT HOME STREET, FACTORY OFFICE FARM, ETC.)

13

Md STATE Cambridge Dor. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL



	OR			DEPARTMENT	STATE OF N			NE IS	9	2	3 1	3
			WEI	DICAL EXA	MINER'S C	ERTIFIC	ATE OF DE	KTH	REG. NO.	O		
		FIRST		WIDDIE		LAST		20. DATE KN	OWN 🔀	нтиом	DAY YEAR	2b. HOUR
		Levi			4-		Jr.	DEATH MA	ATED	16-	2 1986	11AM
3. SEX ma	_	white	MONTH DAY	943 6. AG	BIRTHDAY) MONTH			2c. DATE PRONOUNCE DEAD	D	HTMON		2d. HOUR
		ATE OR			18	ED NEVE	P AA A PRIED	9. BALTIMOR	E CITY OR	COUNTY		
	Md.				WIDOW	ED 🗆	DIVORCED 🕱	Dor	chest	ter		MD.
			(IF NOT IN SUCH FAI	CILITY, GIVE STREET AD	DRESS)		ON 12a. US FOR	MAL OCCUPAT	TON (TYPE OF	WORK 1		
						SPITHL		farm	er			
		13b. COUN	TY	13c. CITY OR TO	NWO	13d. INSIDE CITY Yes 🔲	LIMITS? 13e STE	REET ADDRESS			216	22
14. FAT			MIDDLE	LAST		EIDC	T	MIDDI	E		LAST	
1	Levi	T:		Brown		Vir	ginia	Wini	fred	Bı	camble	
16a. W/	AS DECEASED , NO. OR UNKNO	VEVER IN U.S. AR								,		262
	No			217-4	8-9760	Betty	Ann B	rown	Chui	rch		
	18. CAUSE OF	F DEATH (Enter on	D BY:								APPROXIMAT BETWEEN ONSE	T AND DEATH
1	91	- IMMEDIAT	L CMOOL (0)								570	7
			DOE TO, OR	AS A CONSEQU	ENCE OF							
			(b)	AS A CONSEQU	ENCE OF		· · · · · · · · · · · · · · · · · · ·				1	
			(0)									
	PART 2 OTHER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL DISEAS	OR CONDITION 6	IVEN IN PART 1 (a)					
- E	19a DATE OF	OPERATION	I 19h CONDIT	ION FOR WHICH	OPERATION W	AS PERFORM	FD?				20 ALITOPSY	?
FIC												NO X
1 18		and the second	216 TIME OF	INJURY	21c. Ho	OW INJURY O	CCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	T I OR PARI		TRUCK
			0.440	MONTH DAY	0.4	-			are on	(n 130	כ יים זיף ט	MUCK
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8	21d INJURY O		CYPECY CACY	OF INJURY (ATH		CATION	POSEK					67.475
1 9 1	WHILE	NOTHINE	STREET, FACT	OF INJURY (ATH ORY, FARM, ETC.)				CITY OR TOWN	E 04	COUR	ESTER.	MD,
MED	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)	LY R	CATION TREET		CITY OR TOWN	7		ESTER	
MED	WHILE AT WORK	NOT WHILE AT WORK y that I took charg	STREET, FACT	ORY, FARM, ETC.)	LY R	CATION TREET	Inspection X,	CITY OR TOWN], and is	RCH	ESTER	
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	To BIR FORE 10. CITY 14. FAT 16a. W. (YES	To STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Male 70. BIRTHPLACE (ST FOREIGN COUNTRY) Md. 10. CITY OR TOWN CO Cambri USUAL RESIDENCE (130. STATE Md.) 14. FATHER'S NAME FIRST Levi 16. WAS DECEASED (YES, NO. DELININO) 18. CAUSE OI PART I DE. Condition gove ris couse (a) lying cou	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. 10. CITY OR TOWN OF DEATH Cambridge USUAL RESIDENCE (IF IN NUSSING HOME OR STATE OR FOREIGN COUNTRY) Md. 14. FATHER'S NAME FIRST Levi 16. WAS DECEASED EVER IN U.S. ARR (YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE OR STATE OR COUNTRY) NO 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE OR STATE OR ST	TRAILE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 1. DEVI 3. SEX 4. RACE White NOV 2 1 7b. CITIZEN OF WH. NOV 2 1 7b. CITIZEN OF WH. NOV 2 1 10. CITY OR TOWN OF DEATH Cambridge USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR IF NOT IN SUCH FARE FIRST 13b. COUNTY Md. 14. FATHER'S NAME FIRST 15. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) 18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if only, which gave rise to immediate cause (a) storing the underlying cause lost. 19a. DATE OF OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19b. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19c. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19c. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19c. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19c. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19c. CONDITIONS 21d EXTERNAL CAUSE WAS 21b TIME OF THE OPERATION 19c. CONDITIONS 21d EXTERNAL CAUSE WAS 21d EXTERNAL CAUSE WA	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 1. SEX Male White S. DATE OF BIRTH NOV 2 1943 4. RACE White NOV 2 1943 4. RACE MONITH NOV	REGISTRAR I. DECEASED NAME (TYPE OR PRINT) J. SEX MACE MACE MODILE TRIVENS J. SEX MACE MODILE TRIVENS J. SEX MACE MODIT MONT J. SEX MACE MODIT MONT J. SEX MACE MODIT J. SEX MACE MODIT MODIT J. S. DATE OF BIRTH MODIT J. S. A. J. SEX MACE MODIT J. S. DATE OF BIRTH MODIT J. S. A. J. SEX MACE MODIT J. S. DATE OF BIRTH MODIT J. S. A. J. CITIZEN OF WHAT COUNTRY? M. S. A. WIDOW J. S. A. WIDOW J. CITY OR TOWN OF DEATH J. COUNTY M. S. A. J. CITY OR TOWN J. S. A. WIDOW J. S. A. WIDOW J. CITY OR TOWN CAMBRISH PLACE (IF INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) J. G. CITY OR TOWN CHURCH CREEK J. C.	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATION	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DECENSION CAST	TABLE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME (1795 OF PRINT) Levi	TATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (1795 OR PRINT) 1. DEVI TRIVER'S REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (1795 OR PRINT) 1. DEVI TRIVER'S REG. NO. 1. DEST REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DEST REG. NO. REG. NO. 1. DEST REG. NO. R	STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

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1	43	C	ambridge	Dorche	ester	General General	or other institution $\mathbb{1}$	(TYPE OF)	ALOCCUPATION WORK FOR MOST OF WOR hine Open	KING LIFE) If	VD4JSTRY	f BUSINESS OR nuft'in&		
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that the	ol. cremo		gove rise to immedia cause (a), stoting t underlying cause lo	he DUE TO OF	r as a conse	OUENCE OF								
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Office Physical Control of the contr	or the but	MEDICAL	214 INJURY OCCURRED OFFICE D AGE OFFICE D AT WORK D APPORT	21e PLACE ((AT HOME STR	OF INJURY BEET, FACTORY OFF	ICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE		
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y the ho	detoched unte Dept		Devo	id BC	Na	ulan	MP ATTEND	ING MEDIC	AL STAFF OR PHYSICIAN		120 DATE :	2/83		
HOSPIT Solved by	A PORTA	1	DAUD B	STOR C	KLE	My	200 /	MARGLI	INO ANE	-CAT	MORI	OGE MO		
BP_	212	73a. 8	URIAL CREMATION, REM	236 DATE 10-4-		D Vet	erans Cer		ulan, Do	rches	ster,	MD STATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Zeller Funeral Home, East New Market, MD

Veterans Cem. Beulan, Dorchester, MD

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FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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nay be poge 3		OR PRINT! MARY	E	MIDDLE	Che	isman ESAIAN	2a. DATE OF DEATH	10 H	3 86	26. HOUR
ge 4 may	3. SE	X	4 RACE	AUC	5. DATE C		6 AGE (IN YEARS LAS		IF UNDER I YEAR	HOURS MIN.
reath. Pa	Jo. B	RTHPLACE (STATE OR FOREIGN DORCHES DER	76. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE WIDOWE	NEVER MARRIED	N 60. 6	YOR COUNTY	_	MD.
s ofter o	10 C	AM BRITGE	11. NAME OF	ICH FACILITY, GIVE ST	RSING HOME C PREET ADDRESS) Orches	ter Genera	TYPE OF WORK FOR MC	PATION DIST OF WORKING LIFE Maker		BUSINESS OR
AND 212		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU		13c. CITY OR T		13d INSIDE CITY LIMITS?	K+#1	SS / ZIP CODE		Rt. 14 631
BALTIMORE, MARYLAND cate be executed within 24 vysician and completely fille opers. Pages 1 ms/2 should voal. in, the medical executer was		THER'S NAME FIRST FIRST	WIDDLE	SEL	LERS	is mother's maiden n Renni	.e		BAE	ER
be execu an and co s. Pages			RMED FORCES?	166. SOCIAL S	74-610	O HILDA	EMENY	PEAST 94	3-308	rket, M
n ST., BAL.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	EĎ BY- TE CAUSE (¤)	Smar	L Ba	wer OH	STRUCTOS	N .	BETWEEN O	MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., The low requires that the death certifications the set of the death certificate has been signed by the attending phase is the burial-transit permit. Then please remove corbang the and Mental Hygiene prior to burial, cremation, arremoved at them 38 stem any injury, or other traumotic every events.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	(b)_	DR AS A CONSE						
ORDS, 2C requires	NOIT	DEMENTA,	CHO:	OHF.	ADVA	NOT RELATED TO THE TER NOT NOT THE TERMINAL THE THE TERMINAL THE THE TERMINAL THE	_		EN IN PART 110	
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TO HOSPITA retained by TO FUNERA should be d with the Sta		22d PHYSICIAN'S NAME (TYPE	OR PRINTS	PIE	RY	220 ADDRESS 50 3	BYRN	ST		ofor
BP		Burial, CREMATION, REMOVAL			ast Ne	emetery or crematory w Market C	em Eastn	ewMark	et, Dor	ch.s.ND

DHMH - 16 60M 7/84 (VRA 15, 4)

Zeller Funeral Home, East's New Market, NDULTA BY REGISTRAR 250 RECISTRAR'S SIGNATURE

EastNewMarket, Dorch Cem

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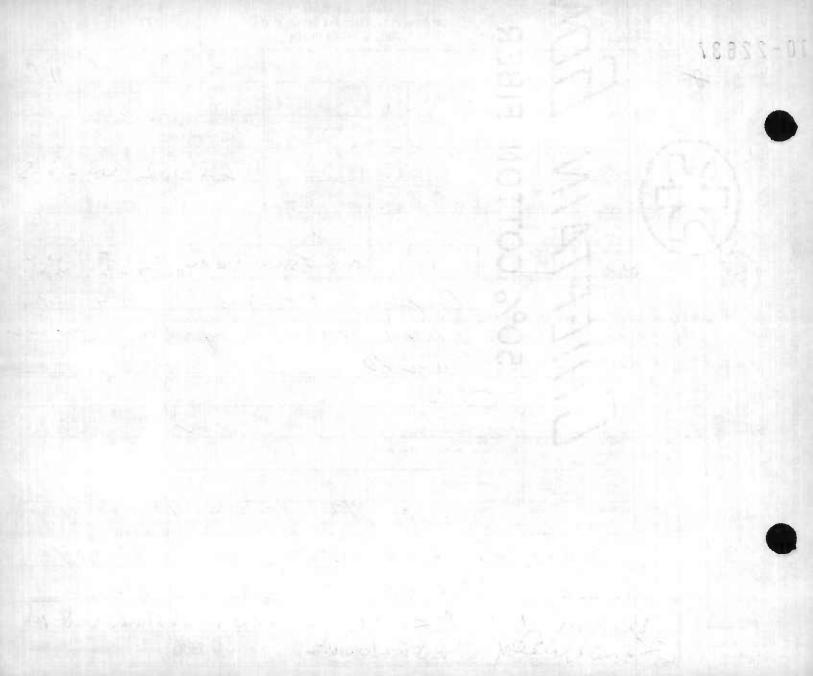
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0-22637		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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io of	3. SE	X	4 RACE	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS
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1 11 101	100	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED W NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 5 22	Má	aryland	U.S.	WIDOWED DIVORCED	Dorchester	MD.
111110	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
5 11/2	C	ambridge	Eastern Shore H		LA OOL	CAKIOUS
11 36 M	13a.	STATE	I R INSTITUTION GIVE RESIDENCE BEFORE TO LEAST CONTROL CHESTER	VN 136. INSIDE CITY LIMITS?	Rt. 3, Box 135,	
1 1 17	-	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	
1 1 11 190	V	Norman	MIDDLE King	Lula	WIDDLE	Lively
2 A 2		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 220-01-9	100 100	AC DEAURES	estellown
151. BALL		PART I. DEATH WAS CAU	anly one cause per line for its (the use SED BY: ATE CAUSE (a)	estine Heart Fa	lune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 Weehr
W. PRESTON or the death or the attends to remove cor cremation, or the traumati		Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	Earle Myreurd	ist Infarction	2 mo age
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OF VI	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF F	DEATH HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
VISION O PHYS Or this or the but oned Mr	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TTENDIN TOR AH For use of of Health		220.1 certify that (1) (this has	spital) attended the deceased fram, on	, ond that in (PM) (aur) apinion	death accurred on the date and hou	19 that (1) (we) last and from the couses stated
AL OF A the host of a bull		226 SIGNATURE	ulti Be	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	10/29/86
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DHMH - 16 60M 7/84 (VRA 15, 4) 136 BURIAL, CREMATION, REMOVAL

HE ALD DIRECTOR WOODY Chappers To Flow was

23b. DATE 1(-)- (9)6

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH CAURA (TYPE OR PRINT) E. DIXON. 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HP 4 RACE 3 SEX 5 DATE OF BIRTH female white July 12, 1906 80 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Md. Dorchester WIDOWEDLX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Dorchester General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Worker-seafood processing Cambridge USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a, STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 210 Henry St. 21613 Cambridge Dor. YESX NO [Md. 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Willey Katherine Charles Edward Wroten Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN! Rt 2 Box 88 A Camb. Md. 220-03-5691 Wm. E. Dixon No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: M.I. E Curdias. IMMEDIATE CAUSE (a Canditions, if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 10/10 86 220.1 certify that (1) (this haspital) attended the deceased from 110 19 19 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated saw the deceased alive on_ abave, (I) we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220, ADDRESS AURORA 85, 224 PHYSICIAN'S NAME (TYPE OF PRINT UINODRA1 METHTA 23c, NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 236 DATE Md burial Cambridge Dor. 10/13/86 Dor. Mem. Park 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR was a substant of

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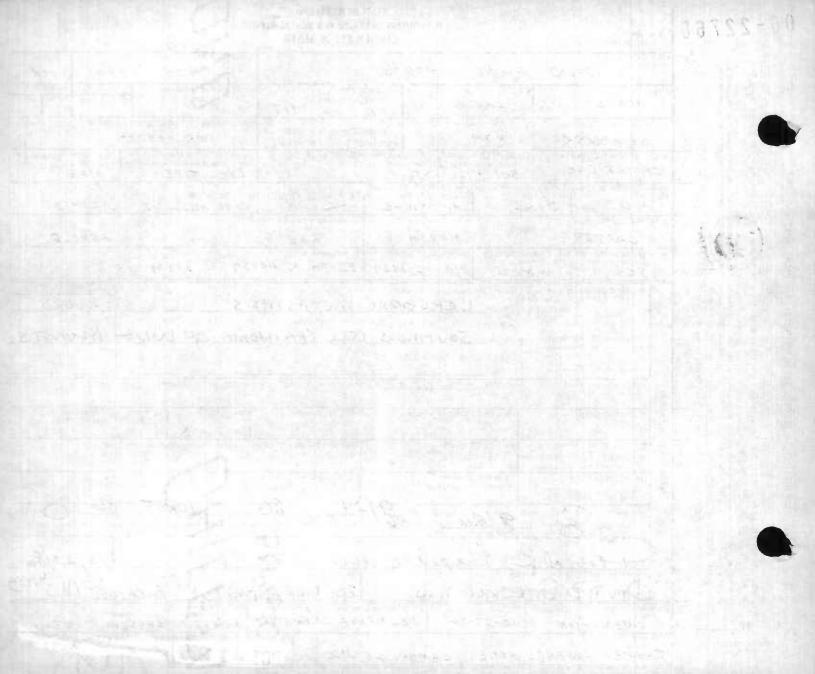
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DIVISION OF VITAL DING PHYSICIAN: utending physician. After this certificate is the burial-transit put th and Mental Hygie marked or Item 18 s	MEDICAL	21d. INJURY OCCURRED	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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M hem		220. SIGNATURE	O G	3 F	offer death.	100	DEGREE ATTEN	IDING ICIAN	MEDICAL STAFF	22c. DAT	E SIGNED		
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2 2 2 3 3	23a. E	CREMATION,	REMOVAL	23b. DATE 10-27	-	23c NAME OF	CEMETERY OR CREM		23d LOCATION CITY OR TOWN LEWES SUS	COUNTY	STATE DEL.		
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR NAME YOMAS FUR		HOME	ADDR	MBRIDGE		250. DATE		CTRAPSCI	3		



DEPARTMENT OF HEALTH AND MENTAL HYC - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 2b. HOUR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Herbert Lee Jacobs DEATH MATED 9 25 19 86 4 RACE & AGE IN YEARS IF UNDER 1 YR. 2d HOUR 5. DATE OF BIRTH **IF UNDER 24 HRS** PRONOUNCED Sept. 28,1932 53 YRS Male White Nov. TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED T FOREIGN COUNTRY) U.S.A. Dorchester ordhester Co., Md WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MITTWINGHE Hurlock USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS 2, 13e STREET ADDRESS 13a STATE 13b. COUNTY Hurlock Box 70A NO A Rt. Dorchester Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Annie Kemp MIDDLE LAST Fred Jacobs ADDRES Federal sburg 17 INFORMANT 166. SOCIAL SECURITY NO. In WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-28-0682 Vaughn W. Jacobs, 310 Buena Vista 1953-55 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19e DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RTMENT OF I YES X NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE WHILE NOT WHILE 220 I certify that I took charge of the remains described above, held on Inspection Hamicide Undetermined manner death resulted fram: Natural causes Suicide 9-29-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Peter W. Rieckert, M.D. ADDRESS East New Market, Md. 21631 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Federalsburg, Caroline, Concord Cemetery 9/27/86 Bur Burial Federalsburg, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Framptom-Hawkins Funeral Home, 216 N. Mann (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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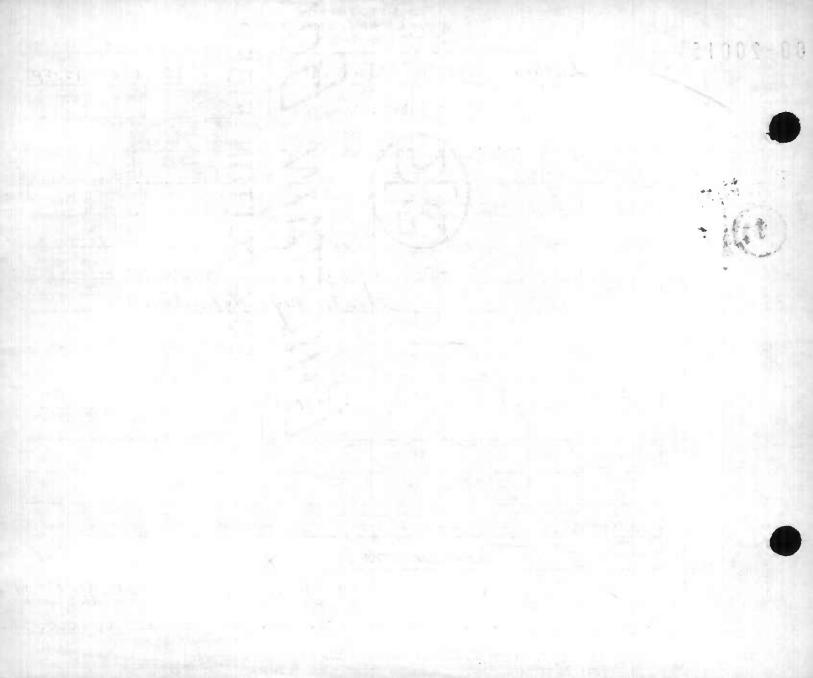
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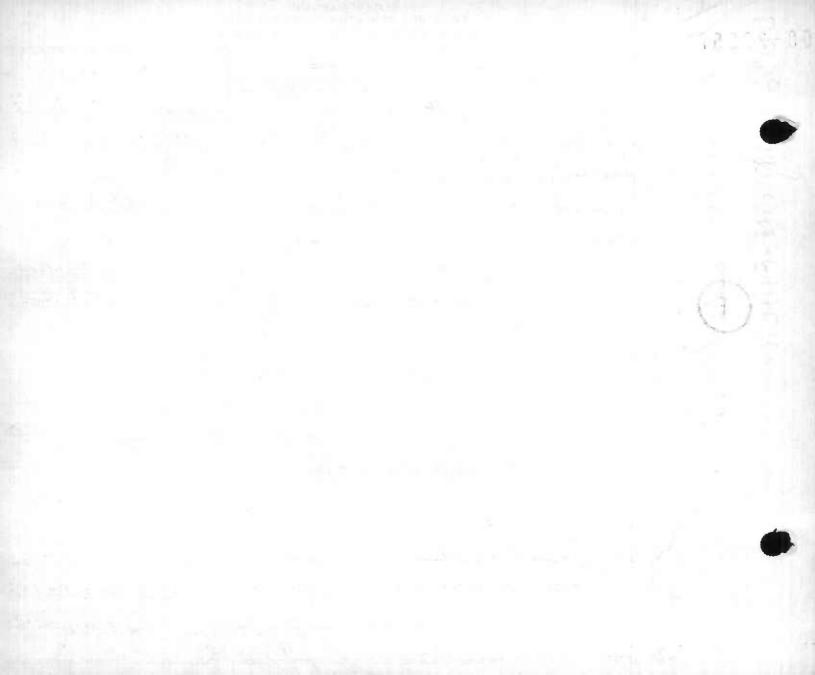
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MED ECUTE	TO FUNERAL DIRECTOR: PATER DEATH WITH THE ST BAITIMORE, MARYLAND, 2	-	EXAMINER'S	NAMES WITH LAMES	F. MECA	RTER, M	D,	ADDRESS 463	AURORA	STA	KET.	CAMO	RIDGE	MA	21613
524	B A 4	23a.BU	RIAL, CREMA	TION, REMOVAL 2	3b. DATE		E OF CEMETER	OR CREMATORY	23d. LO	CATION OR TOWN	,		OUNTY	ST.	ATE À
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poge 3		DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR PRINTS Elizabeth Grace Kostek							
offer.	3. 58	x Female	4. RACE White	April 13,1910	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.			
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	3	Cambridge	Dorchester	ing home or other institution chapters: General Hospita	1 Homemaker	IZB. KIND OF BUSINESS OR INDUSTRY			
n 24 hou	13p.	aryland Dor	or other institution, give residence before the ster Hurlo	CK 13d. INSIDE CITY LIMITS?		r Street/21643			
1000	ILF	ATHER'S NAME Henry	MIDDLE Kelle Hbe		MIDDLE	Echorst			
and so defection		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC 212-01	urity no. 17. INFORMANT -5296 Alphonse M	Kostek Hurl	poplar St.			
DS, 201 W. PRESTON ST., quires that the death certification by the attending phen please remove carbang to burial, cremation, or remijury, or ather traumatic every.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CO.	isclaration year	+ Julie	Ldays. Lean Lean Jean N GIVEN IN PART 110			
OF VITAL RECORDS, CIAN: The low requirements physicion. reficore hos been significate hos peen significate hos here of the prior to be mind the mind shows ony injur	L CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO SEMILE PART FOR PART 2)			
PHYSIC rending this ce the burid and Men	MEDICAL	(IF EITHER NOTIFY MEDIC AL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	0/	CITY OR TOWN	COUNTY STATE			
AL OR ATTENDING y the hospital or ott AL DIRECTOR: After detached for use as i		saw the deceased alive a above, (I) (we) (did) (did n 27b. SIGNATURE	not) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF .	nd haur and fram the couses stated			
O HOSPIT TO FUNER should be with the Sit		220. PHYSICTANIS NAME (TYPE	ATLIFFE	27e ADDRESS Pag 8		AMBRINGS My			
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR Glen Haven Memo	or Glen Burni				
DHMH - 16 50M 4/B2	24	Zemer Funer	al Home Easts		ATE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE			

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J 4	REGISTRAR		CENTIS	ICAIL OF DEATH	REG. NO.	
	EASED NAME FIRS	Paul	Tolson LE	AST LEGG	20. DATE OF DEATH MONTH	24 PG 545
3. SEX	M	4 RACE	5. DATE C	H DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
m	THPLACE (STATE OR FOREIG	u.s	MARRIE WIDOW		1 Dorahester	, DORCRESTER,
ta	CAMBRIDGE MININGLE	(IF NOT IN SUCH FACE		c Center INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
130 ST	aryland G		RESIDENCE BEFORE ADMISSION) CITY OR TOWN HUENSUILE	136 INSIDE CITY LIMITS	2160	CODE R.D. S, Box 62
1	TAMES	archibald	LAST LAST	15 MOTHER'S MAIDEN	Viela	· Tolson
	AS DECEASED EVER IN U.	ES CIVE WAR OR DATES	15-74-5869	Patrents	MINUTE, ALEGG, KID	Box 625 Box 625 revsville, Md, 21
	PART I. DEATH WAS C	ter only one couse per line AUSED BY: EDIATE CAUSE (o)	for to), (b), and ic)	11	t Farlance	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 months
	Conditions, if ony, whi gove rise to immedia cause (a), stating t underlying cause la	ch (b) he DUE TO, OR AS	A CONSEQUENCE OF	CVD		years
ATION	Anguan 190. DATE OF OPERATION	onia	Chiter m OR WHICH OPERATIO	MENT for MED	INC	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
10	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.M.	JURY MONTH DAY YEAR		CURRED (ENTER NATURE OF INJURY IN ITE	YES NO NO NIB PART I OR PART 2)
X	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF 11		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased ali	hospital) attended the de ive an 10/2-3 did not) view the body after	19 86 , o.		ion death accurred on the date and	The state of the s
	226. SIGNATURE 226. PHYSICIAN'S NAME	H, Bee	h 1	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	G MEDICAL STAFF N DIRECTOR PHYSICIAN	10/24/8
	GEORGE	H. BE	CH IN NAME OF C	Cambr	ide, e, Md 2/6	B
(5	URIAL, CREMATION, REMO PECIFY) Crematic NERAL DIRECTOR T		986 Cedar H	ill Cremator	CITY OR TOWN	inceGeorge's Mo
	NAME	on, Jr., Cent	ADDRESS		2000	Sind Breen

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the buildi-transit permit. Then please remove carbon papers. Pagg with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital or attending physician.

TO HOSPITAL

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Description of the property of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-20781 CERTIFICATE OF DEATH REGISTRAR REG. NO. 26 HOUS 1 DECEASED NAME 20 DATE OF DEATH MONTH (OR PRINTI 10 100 Meredi 4. RACE DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS 3. SEX IF UNDER I YEAR JE LINDER 21 HRS Female Jan 21, 1910 White ZEABIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorchester Co. Maryland CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Cambridge Dorchester General Hospital Homemaker 13e STREET ADDRESS / ZIP CODE 520 Glenburn 13d INSIDE CITY LIMITS? Maryland 21613 Dorchester Cambridge 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Milton Hughes Susie Burton Cambridge, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-74-2130 Elizabeth Metz Rt 4 Box 36 21613 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Augustation Hygier 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an. (we) (did) (did not) view the body after dea DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS ST, Commidse Md 216/3 ld b 111/01/12 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Burial Cambridge Cemetery Cambridge D 24 FUNERAL DIRECTOR Thomas Funeral Home Cambridge, Md. DHMH - 16 60M 7/B4 (VRA 15, 4)

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THE REPORT OF THE PARTY OF THE THE RESERVE OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN K I. DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED HE FUNERAL DIRECTOR.
GE 5 FOR YOUR FILES.
LED, WITHIN 72 HOURS
OI W. RESTON STREET, MARY MEYER 10-3-8619 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 7d HOUR PRONOUNCED 10-3-86 9:15a 6 White 29 57 YRS DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Dorchester County New Jersey USA WIDOWED DIVORCED IMPCITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Specialist Cambridge Dorchester General Hospital 134. INSIDE CITY LIMITS? 13. STREET ADDRESS YES NO 1 317 HOLT Caroline 13e STATE Federalsburg Street/ 21632 IS MOTHER'S MAIDEN NAME 14 FATHER'S NAMI MIDDLE John Scheid Chrissy Newton 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. P. CADDRESSOX 202 YES, NO, OR UNKNOWN) 135-24-2770 East New Market, MD Steven Myer 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATH WILL HILL STATE DEPARTMENT OF HEALTH AND MENTAL HY BALLIMORE, MARY DAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMA Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES & NO 🗌 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING driver of an auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 71E LOCATION 71e PLACE OF INJURY AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Rt.307 enroute from Federalsburg hawy. to Humlock, Md. 220. I certify that I taok charge of the remains described above, held an and in my opinion Accident X death resulted from: Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED 10-4-86 M.Deputy Chiefedical Examiner SIGNATURE EXAMINER'S NAME 111 Penn Street Ann M. Dixon, M.D. TYPE OR PRINT ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 10-7-86 Burial Veterans Cem Beulah Beulah Dorchester

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 07/84 BP 25M 24 FUNERAL DIRECTOR ZeTier Funeral Home East New Market, MD **DHMH - 17** was banden - Por (VR A15 ME (5))

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•	er death. Page 4 may be	A funeral director, page 3 within 72 hours ofter death
DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Quires that the death certificate be executed within 24 hours ofter death. Page 4 may be	rigned by the attending physician and completely filled in by the funeral director, page 3. They please remove carbon pages. Pages 1 and 2 shapishbe allow white 72 hours after death
DS, 201 W.	quires that if	signed by the

FOR
STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	2	8	3	9
	REG, NO.				

					REG, I				
	TYPE OR PRINTS		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOU	R
L	Li	Ilian	E. P	rince	10 -	6.	86	2	PM
3.	SEX	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER	
	Fem Ale	. W	2	DAY YEAR	85	YRS	NIHS DATS	HOURS	MIN.
70	BIRTHPLACE (STATE OR FORE)	GN 75 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY		FDEATH		_
1	Decolular)	U.S.		RRIED NEVER MARRIED DIVORCED	Dor	chester	Count	v	MD.
10	OR TOWN OF DEATH			AE OR OTHER INSTITUTION	120 USUAL OCCUPAT		12 b. KIND O		
1	Cambridge		ster Gen. Ho		Owner	OF WORKING LIFE)	Antic	1110-R	Retai:
+	AL RESIDENCE (IF NURSING)		A		Owner		Ancie	que n	CCCa1.
1	IN STATE 13b	Caroline	Federalsburg	13d INSIDE CITY LIMITS?	RFD 2 - B	ox 401	2.1	1632	
17	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN N	AME		LAST		
C	George	William	Carmean	Bessie	Burton		Brown	_	
36	WAS DECEASED EVER IN U		166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDR	ESS Rt. 1	, Box	253	
¥	NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	217-36-1915	Ms. Lucille	Collins	Vienr	na, Md		
F	18 CAUSE OF DEATH IE	nter anly ane cause per	line for (a), (b), and (c) (> /		BETWEEN	MATE INTER	VAI DE ATH
1	PART I. DEATH WAS		Consisterie	Ment FA	ilure				
	1/4//								
ı	Cardina is		R AS A CONSEQUENCE C	(1)					
1	Canditions, if any, what gave rise to immedi	ate	C 0 1-1						-
п	cause (a), stating underlying cause 1	the DUE TO, O	RAS A CONSEQUENCE C	OF /					
П		(c)	resumme	cely deser			1		
1		CANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOK JELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	I IN PART 110	3	
1	190 DATE OF OPERATION	Link COND	ITION FOR WHICH OPERA	TIONI WAS DEBEODATED	200 AUTOPSY?	Tank IE VES V	WERE FINDIN	ICE LISED	
	198 DATE OF OPERATION	1 140 COND	TION FOR WHICH OPERA	TION WAS PERFORMED		IN CERTIFYII	NG CAUSES	OF DEAT	H?
					YES NO	YES		NO []
	OR CONTRIBUTING CAUS	110110 1	M. MONTH DAY YE	AR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I I OR PART 2}		
H	(IF EITHER NOTIFY MEDICALE		м.	19					
В	(IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION	CITY OF TO	OWN	COUNTY	51	TATE
ľ	NOT WHILE		CELLIACIONI, OFFICE, FARM, ETC						
П	220.1 certify that (I) (the	s haspital) attended th	e deceased from	, 19 85		-619	86	that Div	ve) last
Н	saw the deceased o	did not view the bady	- 6 19 86	, and that in my)(aur) apiniar	n death accurred an the c	late and havi a	ind from the	causes sta	ited
т	22b. SIGNATURE	did not view the body	after death.	DEGREE			22¢ DATE	SIGNED	
1	m/	110	O. O. a	MAN ATTENDING	MEDICAL STA		119.1	6 81	1
4	22d. PHYSICIAN'S NAME	1 Ja-cel	accord.	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSI	CIAN	100	- 5	
	IM /	771	len	200	2//1025	Husloc	k mo	el >	114
1	Michael	1 FACE		1020		, ,		0	167
23	BURIAL, CREMATION, REA			OF CEMETERY OR CREMATORY	23d LOCATION		COUNTY	51	TATE
L	Removal	10-7-	-86						
24	FUNERAL DIRECTOR			25g D.A	TE REC'D. BY REGISTRAI	25 REGISTRA	R'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

Balto., Md.

25. DATE REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE
OCT 1 0 1986 Julia Devidson Landare

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	

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No.				VIDDLE		LAST	-	REG. 14		DAY			
	ECEASED NAME	ALFRE		A rnold		RIEKEU		20 DATE OF DEATH	MONTH	LA	VEAR 86	2b. HOU	R
-		,		17 111010				105	10	7		11	FM
1:56	ho.		RACE	11/	5. DATE (H DAY YEA	A.R	AGE (IN YEARS LAST BIR	HDAY	MONTHS	R I YEAR	IF UNDER	MIN.
9	11/		CIT			7 20 11		1)	YRS				
	COUNTRY) (STATE OR	FOREIGN 76		WHAT COUNTRY	MARRIE	D NEVER MARRIE		BALTIMORE CITY O		TY OF DE	ATH		
-	ew Jersey		U.S.A	•	WIDOWI			Dorchest					MD
10.0	ITY OR TOWN OF DE	ATH 1		IOSPITAŁ, NURS H FACILITY, GIVE STREI		OR OTHER INSTITUTIO		120 USUAL OCCUPATI		LIFE) IND	KIND OF	F BUSINE	ESS OR
-	ambridge	1		ster Gen		lospital		Trucker Dr	iver				
USU 11a	JAL RESIDENCE (IF NUR.	134, COUNT	THER INSTITUTION	134. CITY OR TO		1 13d INSIDE CITY LIM	ITS?	3e STREET ADDRESS	ZIP COL	DE			
Ma	aryland	Talbo		Easton		YES X NO		220 S. Was			21	601	
JA!	ATHER'S NAME	441	DOLE	LAST		15. MOTHER'S MAID	ENNAM	E MIDDLE			LAST		
1	William			Riek	en	Soph	nie	Most			Lan		
	WAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT		ADDRE		42	RE	AD	51
no		(IF TES, GIVE V	WAR OR OATES)	150-07-	0016	WILLIAM	121	ETLEN -S	Ne	SE	MEDI	RD"	DET
	IS CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), c	and ic is a					1 8	APPROXIC	MATE INTE	RVAL OEATH
83	PART I. DEATH V	VAS CAUSED IMMEDIATE	BY:	(NF	+					11	200	Un
	- V9 100	IMMEDIALE		FASTER I									0
	C495 4	1.1	DUE TO, OF	R AS A CONSEO	UENCE OF								
1	Conditions, if ony gave rise to im		(b)							_			
	couse (a), statiii		DUE TO, OF	AS A CONSEO	UENCE OF								
	underlying coose	1031	((c)										
,	PART 2. OTHER SIG	NIFICANTCO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	ETERMIN	AL DISEASE OR CON	DITION G	IVEN IN F	PART Tro)	
CERTIFICATION	COPD	1 12	men	tru	1310	ONU (17 T)	5						
CA	19a. DATE OF OPERA	MON	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE			
E								YES NO		YES 🗌		NO [
8	210. ACCIDENT WAS UN		216. TIME OF	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY C	CCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PARTI OR	PART 2)		1. 171
4	OR CONTRIBUTING		P./		19								
WEDIC	21d INJURY OCCUR		21e. PLACE (211 LOCATION		CITY OR TO	WN	(0)	UNTY		STATE
٤	WHILE NOT W	HILE	(AT HOME STR	EET, FACTORY OFFICE	E FARM ETC)	SINCE			1				
	22a.1 certify that	-	l) attended the	deceased from	- 2	1/25 19	Ú.		4	. 19	6	that (ve) lost
	sow the deceas	ed olive on	- 10	14 19	(1-	nd that in (my) (our) o	pinion de	eath occurred on the de	ate and he	our and fr		-	
	22b SIGNATURE	did) (did not	view the body	åtter deoth.	-	DEGREE				22	c. DATE S	SIGNED	
		Mil	1. 47	HOLL	W	ATTEND		MEDICAL STA			191	1416	1
	22d. PHYSICIAN'S N	NAME COME OF	rus or	100-	A-	22e ADDRESS	IAN L	DIRECTOR PHYSIC	IAN []				1
	The Prinsicial Six	110		1 5	1011	712	13	UDM1 5	7				
_		TUN	2121	4.11	1109	1 303	10	7000	/				
	BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMA		23d. LOCATION		COUN	TY		STATE
Bu	urial		10/7/8	6 h	loodlav	wn Memorial		Easton		Tal	bot	M	1D
24 F	FUNERAL DIRECTOR					2	So. DATE	REC'D. BY REGISTRAR	256 REG !	STRAR'S	SIGNATI	URE	

DHMH - 16 60M 7/84 (VRA 15, 4) Newnam Funeral Home

Easton MD

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STATE OF MARYLAND 023183 NOV -DEPARTMENT OF HEALTH AND MENTAL HYGIEN. CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) Daniel Sampson, Sr. Sept. 19, 1986 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR MONTH MONTHS DAYS March 25. HOURS Male Black 1903 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED East New Market U.S.A. Dorchester DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR P.O. Box 123 (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY East New Market P.O. Saw mill Lumberman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) E. New Mkt 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Dorchester Maryland P.O. Box 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE Coleman Robert L. Sampson Eva 160 WAS DECEASED EVER IN U.S. ARMED FORCES? New Market 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Frances E. Sampson, Box 123, Md. 2163 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ongestive heart failure one exar IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF he crs Mittal hisuticience Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE [" 220 1 certify that (1) (this hospital) attended the deceased from January sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated obove, (I) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED 226 SIGNATURE MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Carlos F. Barroso, M.D. Collins Ave., Hurlock, Md. 21643 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sept. 25,1986 E. New Market Cem. E. New Mkt. Dor., Burial BP. Federalsburg 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 Specia Davidson-Bandall (VRA 15(4) Framptom-Hawkins Funeral Home, 216 N. Main Stort O

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CEASED NAME FIRST E OR PRINT) SCAY		MIDDLE Sc	chweitzer	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR 2:45 A
3. SE	Male	4 RACE White	M	TE OF BIRTH ONIH DAY YEAR ber 14, 1901	6 AGE (IN YEARS LAST BIRTHDAY) 84 yrs. YRS	MONTHS DAYS	HOURS MIN.
G	ermany	USA	WIDO	RRIED NEVER MARRIED DIVORCED	Dorchester	Y OF DEATH	M
Q	moridge	ambrids	HEACILITY, GIVE STREET ADDRESS	sino Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOSIETY Manfact	IFE INDUSTRY	OF BUSINESS OR
130	at residence it hus state aryland Ken	ITY	GIVE RESIDENCE BEFORE ADMISSE 13r, CITY OR TOWN Chestertown	YES XX NO	201 North Queen	St. 21	620
) E	ATHER'S NAME FIRST not known	Sc.	nweitzer	Not Known	WIDDLE	LAS	
1	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	181 03 8844		ADDRESS 201 Chweitzer Chest	N. Que	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (al, stating the underlying cause last.	D BY: E CAUSE (o) DUE TO, O	THE FOR TOTAL (by, and ICA) ACTRIC RAS A CONSEQUENCE OF RAS A CONSEQUE)F	SIBLE MALIGNANGO	APPROX BETWEEN 9/10	IMATE INTERVAL ONSET AND DEATH
NOI				BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION GI		a
CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH OPERA	ITION WAS PERFORMED	IN CERT	S, WERE FINDING CAUSES	
EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P. 21e. PLACE	M. MONTH DAY YE M. OF INJURY	19 211 LOCATION	JRRED (ENTER NATURE OF WJURY IN ITEM 18	PART I OR PART 2}	STATE
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MEDICAL STAFF DIRECTOR | PHYSICIAN |

22e ADDRESS MOSKEWICZ MD

23a BURIAL, CREMATION, REMOVAL Burial 23c. NAME OF CEMETERY OR CREMATORY

CAMBRICE

24 FUNERAL DIRECTOR

FOR

Nov. 1, 1986 Chester Cemetery

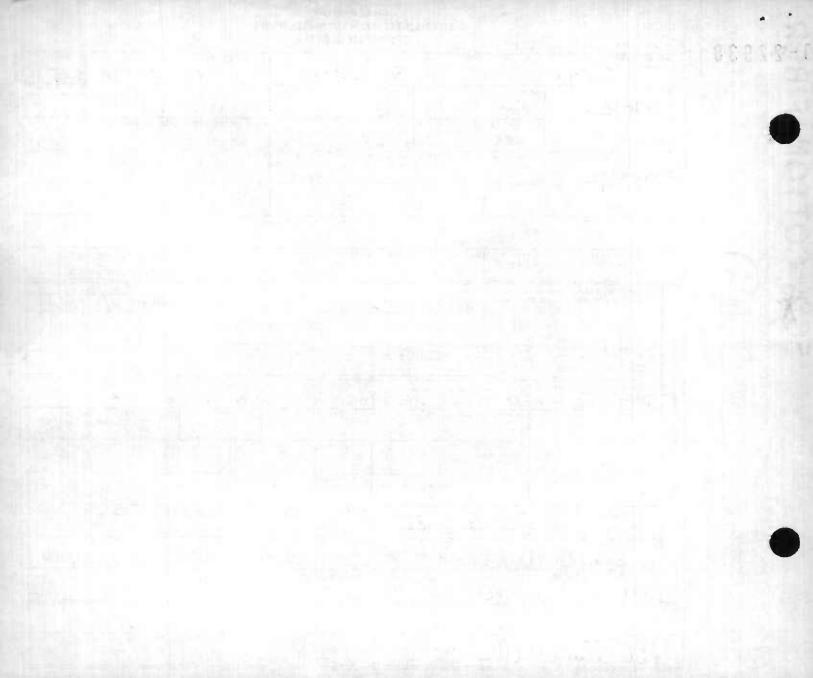
Chestertown, Md. STATE 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

J. ADWillis Wells Chestertown, Md.

DEGREE

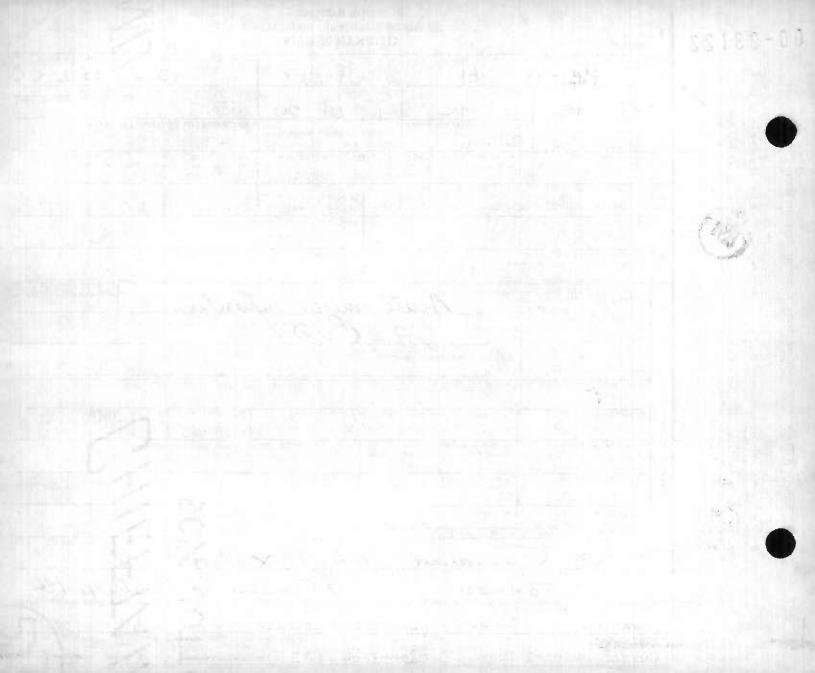
ATTENDING PHYSICIAN



Curran Funeral Home

(VRA 15, 4)

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death

TTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

executed within 24 hours after

STATE OF MARYLAND

3	O	2	8
9	300	Sec. att.	1000

7- (1)	ECEASED NAME	FIRST	,	MIDDLE	U	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	PE OR PRINT)	Sarah		Wille	ey .	Shipherd		10	15 86	7%
3. S			4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	Ole I	White			ly 25,1904	82	YRS		
TE. I	BIRTHPLACE (STATE OR MARY)		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
_					WIDOWE		Dorch			M
	Cambrid	e	Dorche	ester Ge	nera	rother institution l Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK	F WORKING LI		F BUSINESS OI
13a	UAL RESIDENCE (IF NUR STATE aryland	13b COUN	cheste	13c CITY OF TOWN	N_	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / 408 Ceme	ZIP CODE tery	Ave.	2161
14. F	Willia		WIDDLE	m		15. MOTHER'S MAIDEN NA			LASI	
				Twille		Sallie			Wrigh	
	(YES, NO OR UNKNOWN)		RMED FORCES?	214-12		17 INFORMANT 5 Anna Ruth			Killa idge,M	
	18. CAUSE OF DEA	TH (Enter or	nly one couse per	line for (a), (b), and	f (c).)				APPROXI	MATE INTERVAL
	PART I. DEATH V		D BY: TE CAUSE (a)	INANITI	UN				MONT	THS
	underlying cous	e lost.		AS A CONSEQUE		A OF COLON	1		3 Y	EARS
Z					EATH BUT	NOT RELATED TO THE TERM		DITION GIV	EN IN PART 110	
CATION	A S	ATION	HYPERT	KNSIGH	OPERATION	NOT RELATED TO THE TERM		20b IF YE	VEN IN PART 110 S, WERE FINDIN FYING CAUSES	IGS USED
ERTIFICATION	ASC 19a DATE OF OPERA 8-16	TION -84	HYPERTA 196. CONDI CAR (RT II	ENSIGH TION FOR WHICH O CINSMA O LEMICOLECT	OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED 64.4	200 AUTOPSY? YES NO S	20b IF YES	S, WERE FINDIN FYING CAUSES IS	IGS USED
AL CERTIFICATION	A SC 19a DATE OF OPERA 8-/6 21a, ACCIDENT WAS UN OR CONTRIBUTING	ATION -84 ADERLYING CAUSE OF DEA	19b. CONDI ENR (RT H 21b. TIME O HOUR A./	TION FOR WHICH IS CONSTANT OF INJURY M. MONTH DA	OPERATION COL	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO S	20b IF YES	S, WERE FINDIN FYING CAUSES IS	GS USED OF DEATH?
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0 0 9		EASED NAME	FIRST		MIDDLE		LAST		20. DATE	KNOWN 4	_	DAY YE	AR 26 HOUR
	(TYPE	OR PRINT)	RA	YMOND		Α.	ST	ANLEY		H MATED		6-06	
	3. SEX	14 R/		5. DATE OF BIRTH	4	6. AGE (IN YEARS I	UNDER 1 YR	IF UNDER 2			MONTH	DAY Y	EAR 2d HOUR
			9 9	MONTH DAY	YEAR	LAST BIRTHDAY)	ONTHS DAYS	HOURS	MIN PRONO	UNCED	10-2	6-86	8:51a
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25	PC	ambridge		Dorches	ter Ge	neral Ho	sp.		Truck	Drive	er t		as&Oil
7	USUA	L RESIDENCE (IF IN	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE B	BEFORE ADMISSION)					t		
51	30. ST		13b. COUNTY			ORTOWN			13e STREET ADD		2.00	218	35
		aryland	IDOLGI	nester	LINK	wood	YES .	NO X	Rt. 1	, Box	100		
19	VI	THER'S NAME		MIDDLE .	L	AST	IS. MOTH	FIRST		MIDDLE		LAST	100
1		ercy Sta					1	Mar	jorie :	Sampso	on		
	160. W	AS DECEASED EV	ER IN U.S. ARMI			IAL SECURITY NO	17. INFOR	MANT	Lin	kwoods	Md.	2183	35
		No			220-	-32-038	Vir	ginia	Stanl				
		III. CAUSE OF DE	ATH (Enter only	one couse per li	ne for (a) (b)	and (c)	1 100 100	7	D CHALL.	7 11	-	APPROXI	MATE INTERVAL
		PARTIDEATH	WAS CAUSED	BY:	(+), (+),	Carbon	Monox	ide I	Intoxic	ation		BETWEENO	NSET AND DEATH
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		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELAT	EO TO THE TERMINAL O	SEASE DR CONOITIC	ON GIVEN IN PAR	T T tal.				
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7		death resulted fr	am: Noturo	l couses	Accident	A, Suicide		icide .	Undetermined	manner	*		
-		ACTUAL		X	7	/	TITLE (istant			DATE	10-2	26-86
0	1	SIGNATURE					_M.DADD_	racanc	MEDICAL EXA	AMINER	SIGNE		
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P		(TYPE OR PRINT)	G G	regory 1	R. Kauf	ffman, M.	D ADDRESS_	111	Penn St	reet			- I The
	23a.Bl	URIAL, CREMATION		b. DATE	23c. N	AME OF CEMETER	Y OR CREMAT	ORY	23d. LOCATION	1		-	
	(5	Buri Buri	al oc	ct.29,1		alem UN			Salem	. Doro	chest	er.	Md.
	24. FI	JNERAL DIRECTOR			Feder	alchurc	Ma	1750 DATER	EC'D BY REGIST	RAR 256 REG	SISTRAR'S SI	GNATURE	
	Fr	amptom-	·Hawkir	is Fune	ral H	ome, 21	6 N.N	06.18	1 1446	Asia 1	COLONDO	Badess	S 5
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3	-	FOR STATE			E OF MARYLAND BEALTH AND MENTAL HYG	SIENE	28499
1-22604		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTII	AST DEATH	REG. NO	O. MONTH DAY YEAR 25 HOUR
nay be 7 Page 3 C death		ORPRINTI ROLLOGO	and Huds	TS DATES	iller		0 23 86 6:35 AM
ge 4 m ector, p rs after	3 SE	male	Negro	MONT		73	MONTHS DAYS HOURS MIN
10000	C	RTHPLACE (STATE OR FOREIGN) Jarvland	U.S.	RY? & MARRIE WIDOWI		Dorchest	
by the fed within)0 CI		1. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GNES) Eastern Shore	RSING HOME (TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12h. KIND OF BUSINESS OR
in 24 hou	13a S	AL RESIDENCE (IF NURSING HOME OR COTATE	THER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION		13. STREET ADDRESS Rt.1,Box 1	111.20
with 2 2 s	IA FA	THER'S NAME	IDDLE LAST	II UTII	15 MOTHER'S MAIDEN NA		LAST
and compl ges, 1 and he medica	16a V	ohn W. Tiller vas deceased ever in U.S. arm ies, no or unknown) (# yes, give v			Sara 17 INFORMANT Hospital Re	ADDRE	SS ?
physici neutin physici neutin popels.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate	CAUSE 10) PRO	RARIF		in infan	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Colors 10 - 23 - 86 Stive Cost
law requires that been signed by the Then please in ion to burlad, as any figlery, as	NOI	cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM		
N: The land. The land permit. Bishows	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20%. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO NO
HYSICIAr physician is certifica ial-transit fental Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
JING PH tending I After thi the buri h and M narked o	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21 # PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
ATTENION at or at or at or at or at or at tealing em 21 is or at tea		22a.] certify that (1) (this hospite saw the deceased alive an _ obove, (1) (we) (did) (did not	23 October			, to 23_Octob death occurred on the do	DET 1986 that (I) (we) last are and hour and from the causes stated
DIR Specification of the property of the prope	_	226 SIGNATURE M. Parine	Þ		DEGREE ATTENDING PHYSICIAN [MEDICAL STAP	
TO HOSPITAL retained by the TO FUNERAL (should be detach with the State DIMPORTANT:		224 PHYSICIAN'S NAME (TYPE OR M. Razavi, M.			ESHC, Čambri		
0 % 0 % 5 5	23a 8	SURIAL, CREMATION, REMOVAL		Pagle of C	EMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	Les COUNTY A STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	UNERAL DIRECTOR	ADDRESS	Jurles		CT 3 0 1986	25h REGISTRAR'S SIGNATURE

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FOR - STATE

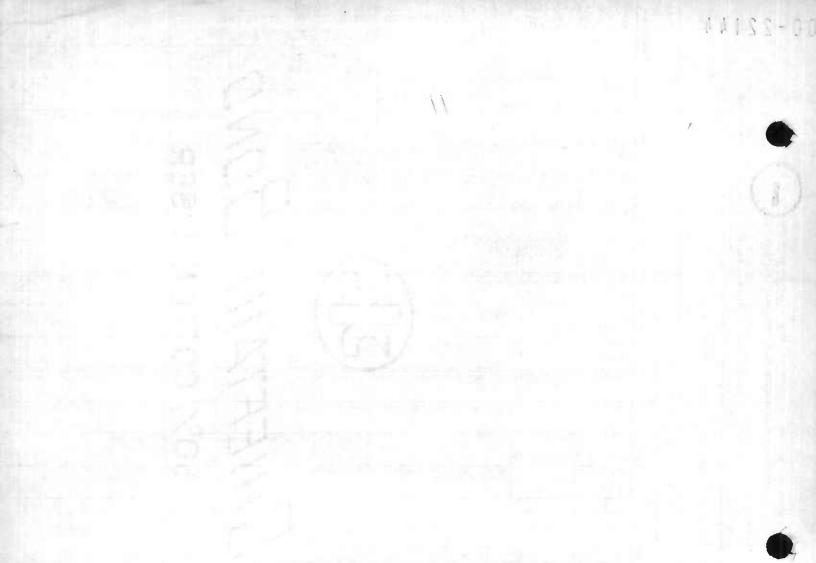
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6
	REG. NO.

00-22384	8	STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6	0. 2	9 0	0 0
poge 3		CEASED NAME FIRST	ILLIAN MIDDLE WESTB.	ROOK	TYLER	2e. DATE OF DEATH	MONTH DAY	86 2b	105 AM
crtor, po	3. SE	FEMALE	CAU.	AUG.	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER YEAR IF L	UNDER 24 HRS
Page Mare	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH	
# 18 47	Man	cvland	U.S.A.	WIDOWE	DIVORCED	DORCHI	RSTER		AAD
P A		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12e. USUAL OCCUPAT	ION I	12b. KIND OF BL	JSINESS OR
1 to \$10	1	ambridge	Cambridge H		Nursing H	Seams		cloth	ina
Tools and the second	UsU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)				CIOCII	1119
24 P	130 N	Maryland Do	rchester Cambr.		13d. INSIDE CITY LIMITS?	Glenburi		21	613
To a second		THER'S NAME		ruge	15. MOTHER'S MAIDEN NAM		I Ave.		013
		John	C. Westbro	ok	Ada	WIDDIE	tenia	LAST D	iton
	160 \	VAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDR	Md.,	21206	TCOIL
Poe medica	(YES NO OR UNKNOWN) (IF YES G	GIVE WAR OR DATES)						Do1+0
id.	no				Angela Ment	IS, II Wa	alnut A	APPROXIMATE BETWEEN ONSE	Balto.
hysicate pape loval		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), an	10.	0 '			1 1	
ng p bon ren		IMMEDIA	ATE CAUSE (o)	- Archa				Year	1
endi e cor in, or		C 199	DUE TO, OR AS A CONSEQUE	ENCE OF					
e de ott move		Conditions, if ony, which gove rise to immediate	(b)						
y th crem ther		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF					
ed by please rrial, cr			(c)						
sign sign hen o bu jury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	N PART TO	
ow rec	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120h 1E YES W	ERE FINDINGS	LISED
in. has been permered in the presentation of	FIC	THE DATE OF GREATION	176 CONDITION TOX WINCH	OFERATIO	WAS PERI ORMED		IN CERTIFYIN	G CAUSES OF	DEATH?
N: The I ysscion. cote has onsit pe Hygiene 8 shows	ERTI	218. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURRE	YES NO	YES		10 🗌
ig physic g physic certificot rigi-frons antal Hyg frem 18 s		OR CONTRIBUTING CAUSE OF D		AY YEAR	THE HOW INJURY OCCURRE	ENTER NATURE OF INJU	KA IM IIEW IR SAKI I	ORPARI 2)	
HYSICIAN: The Inding physicion is certificate has burial-tronsit per Mental Hygiene or frem 18 shows	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19	THE LOCATION				
	ME	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY [AT HOME, STREET, FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
VDING P or otter the as the colth and s marked		AT WORK AT WORK							
NO OF SERVICE		27a I certify that (I) (this has sow the deceased alive a	pital) attended the deceased from		, 19			thot	
ATT asput defo defo m 21		obove, (I) (we) (did) (did r	not) view the body ofter deoth.		d that in (my) (our) apinion d	eom occurred on the d	ote and hour on		
TAL OK ATT y the hosp RAL DIRECT detoched f ore Dept		THE SIGNATORE	,		DEGREE ATTENDING .	MEDICAL STA	FF	10 /2	NED /2
HOSPITAL Ined by th FUNERAL Uld be det of the State		XX SIL		M		MEDICAL STA DIRECTOR PHYSIC	IAN 🗌	10/2	3/16
OSPI ed b UNE d be he S RTAI		THE PHYSICIAN'S NAME OFF			22e ADDRESS	G	0.		
TO HOSPITAL Cretoined by the TO FUNERAL Should be detoined with the State MAPORTANT. If		416.1	7415-15		408 1841	~ JT.	(A)	MBRIL	162- M
5 F ≥ 2 ₹		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	ee	DUNTY	STATE
BP		burial			ester Mem. P	k. Airey			
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Cur	ran Funeral Ho	me		REC D. BY REGISTRAR		'S SIGNATURE	
(VRA 15, 4)		308 H:	igh St., Cambr	idge,	Md.21613 00	T 2 9 1986		and the	and a William

		17	JEMS 5+6BPER PHONE STATE OF MARYLAND	
00-2	7 1 4 4	1-	FOR STATE 10/28/86 DOD DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 0 0 1
00 2			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG. NO	7 0 0 1
			PE OR PRINT)	MONTH DAY YEAR 26 HOUR
	公式以表記		GEORGE WHITE DEATH MATED 1	0-8-86 ₁₉
	B C E D E	3 SE	MONTH DAY YEAR LAST BARYERY	MONTH DAY YEAR 28 HOUR
	SESEN.	N	Tale Black May 27/98 13s. DEAD	0-8-86 19 12:20P
-	SET HERE	7a. B	IRTHPLACE (STATE OR OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PBALTIMORE CITY OR C	COUNTY OF DEATH
	BABE 15		North Golden 11.5. WIDOWED DIVORCED DIVORCED dorchester	County
_	一 2日以中で	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	
m	ACATE SOL	7	Cambridge Dorchester General Hospital	OK 1140031K)
/ R=	100 00 T	LUBU.	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
1 12	******	Ti	Donchester Cambaidge YES NO DERECT ADDRESS	216/3
1	THE STATE OF	14 F	ATHER'S NAME IS MOTHER'S MAIDEN NAME	
2	E-18 9879	1	FIRST MIDDLE LAST FIRST MIDDLE,	LAST
NOR	PASSEN /	160.	WAS DECEASED EVER IN V.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
E SE	The state of the s	((IF YES, GIVE WAR OR DATES)	
. 3	MATH PAG DIVISI	-	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c),.)	APPROXIMATE INTERVAL
ti	DO VENT			BETWEEN ONSET AND DEATH
NO.	NEW SERVICE AND A SERVICE AND		IMMEDIATE CAUSE (a) Pneumonia with abscesses	
532	SA SELECTION OF SE		Canditions, if any, which	
9.	MAN MAN		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
201 V	BAS AND		lying cause last.	2779
	SKCUII KG IN BURIA AND A		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
DIVISION OF VITAL RECORDS	PENDING BE EX PENDING BE EX MEDICAL SED AS A BENTHALL CREW	Z	TARE 2 OTHER SOUTHERS CONDITIONS CONTRIBUTION TO DEATH BUT HUT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 0	
88	PARAMOT	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TAL	古の芸芸を見	1 2		YES 🔀 NO 🗆
5	ATE SI THE COUNTY TO BU	1 5	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	
0 2	SECSES.		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
Sign	CERTIF TING TO DED TO TOEPAR T PR	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21I LOCATION	
> 0	HIS CERTIFICATE SHOULD WRITING THE WIDE OF A AARDED TO THE CHIEF AGE 3 SHOULD BE USED A ATE DEPARAMENT OF HEAD IN 1201 PRICK TO BUSKL	M	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	ESASE			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2		270. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection I, Inquiry I, and in	n my apinian
	WE ROLL		death resulted fram: Natural causes X, Accident L, Suicide L, Hamicide L, Undetermined manner L.	
	WAN WENT		ACTUAL MARIA TITLE (SPECIFY)	DATE
	복 문 본 분 · · · ·	-	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 10-10-86
	NO DE POR		EXAMINER'S NAME	
	A PER COM		(TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 PennStreet	
	*DS*48	1	JURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY)	COUNTY STATE
07/84 25M	BP	6	renation 10/15/86 Salisbury Cremation & alisbury W	liconico Md.
2.3/V\	DHMH - 17	74 F	UNERAL DIRECTOR ADDRESS ADDR	AKS NONATURE
	(VR A15 ME (5))	5	Tewar Turera Home Julisbury Md. Will al Dall	



	STATE OF MARYLAND	
90-20954	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 8 6 REG. NO. 2 9	0 2
moy be poge 3 fer death	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR POSETTA WOOTFOOL 10 7 86	26. HOUR 8
ge 4 moy ge 5 moy ge 6 moy ge 6 moy ge 6 moy ge 6 moy ge 7 moy ge 7 moy	F BIACL S. DATE OF BIRTH MONTH DAY YEAR NOV 2, 1925 6. AGE (IN YEARS LAST BIRTHDAY) WONTHS DAY OF THE OF BIRTH OF THE O	
older	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED	MD.
· 11/03	INDUSTR	OF BUSINESS OR
AND 2120	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 COUNTY 137 CITY OR TOWN 136 INSIDE CITY LIMITS? 75/Pine 57/21	613
BALTIMORE, MARYLAND cote be executed within 24 system and completely filler opers. Pages (ortho 2 should vol.) it, the medical axioning	ATHER'S NAME FIRST MIDDLE WOOFFORD MARE MIDDLE WOOFFORD MARE MARKETTA LER WOOF	fond
IMORE,	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOVIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 18 YES, NO OR UNKNOWN) 18 YES, GIVE WAR OR DATES)	V
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALI NG PHYSICIAN: The low requires the three death criticote lander displaysicion. After this certificate has been signed to the attending physician of the buriol-tronsit permit. Then pleat the add Mental Hygiene prior to buriol common common orked or them 18 shows any injury, or other troumatic event, the orked or them 18 shows any injury, or other troumatic event, the	RAPPR ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	OXIMATE INTERVAL EN ONSET AND DEATH
he low recon.	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINI IN CERTIFYING CAUS	
ON OF VITAL TYSICIAN: The ding physicion is certificately hourol-tronsit hourol-tronsit hourol-tronsit hourol-tronsit hygien	216. ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO COURSED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	- Land
DING PHYSIC Or offending After this eosithe burion olth ond Menti morked or the	216 INJURY OCCURRED WHILE AT WORK AT WORK 216. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
TENDI Oitol or TOR: A for use of Heol	22a L certify that (1) (this hospital) attended the deceased from 19 86, ond that 19 m) (our) apinion death occurred on the date and hour and from to obover (1) well (did), did not) view the bedy after death.	e, tho (we) lost he couses stoted
OR he ho oche oche Dep		TE SIGNED
HOSPI' FUNE FUNE Sould be th the Si	Michael J Faclden MD 302 Collins, Hurlock 1	no. 21643
Bb————	BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION CHITY OF COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY CAMBRIDGE DON'T	charte Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	UNERAL DIRECTOR STEWANT F. H. Camb. Md. 250. DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGN OCT 1 4 1986	ATURE

